

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29491

1. PLACE OF DEATH

County HowellTownship HowellCity PomonaRegistration District No. 3860Primary Registration District No. 0101File No. 10Registered No. 10St. Mo

Ward

2. FULL NAME Abbie Cassell(a) Residence No. Calvary Mo
(Usual place of abode)

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 2

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs.
or min.45622

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Helped at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Decatur(STATE OR COUNTRY) Iowa10. NAME OF FATHER Cash L Cassell11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Jones13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill(STATE OR COUNTRY) New YorkINFORMANT Miss Evelyn Cassell(Address) Calvary Mo15. FILED 2/8 1933

Mortie D. Farmer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1933

17.

HEREBY CERTIFY, That I attended deceased from Sept 16, 1933, to Sept 17, 1933, that I last saw him alive on Sept 17, 1933, and that death occurred, on the date stated above, at 10:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

abscess in abdomen from ruptured gall bladder which was filled with stones
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Chronic inflammation

gall bladder (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF Sept 16 1933

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Surgical Findings(Signed) D. D. GAY

M. D.

(Address) Pomona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cemetery19

20. UNDERTAKER

ADDRESS

Gaylord V. ElliottCalvary Mo

